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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II

## OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210					ox 2088	14 2000					
DISTRICT III	0	San	ia l·e,	new M	exico 8750	J4-2U8 <b>8</b>					
1000 Rio Brazos Rd., Aztec, NM 8741	REQUE					AUTHORI					
•	TO	AAT C	<b>ISPO</b>	RT OIL	AND NA	TURAL G		THE RES			
Operator Among Production Company								Well API No.			
Amoco Production Com	pany						3003	906901			
1670 Broadway, P. O.	Box 800,	Denve	r, Co	lorad	o 80201						
Reason(s) for Filing (Check proper box					Oth	et (Please expl	ain)				
New Well		hange in T	-	,,							
Recompletion L	Oil Casinghead C		Dry Gas Condens								
change of operator give name	nneco Oil				Willow	Englower	d Color	anda 90	1155		
			, 010	12 3.	willow,	Englewoo	d, Colo	auo ot	/133		
I. DESCRIPTION OF WEL			N - 1 N		F					ease No.	
Lease Name Well No.   Pool Name, Inclu SAN JUAN 28-7 UNIT 65 BLANCO SOU					TH (PICT CLIFFS) FEDER						
Location		po pianto boot				(1101 OBITIO)   IDDA			410   01070477		
Unit Letter H	1800	)1	Feet From	n The FN	L Lin	e and 1190	Fe	et From The	FEL	Lin	
Section 28 Town	ship 27N	1	Range 7 V	V	, NI	мрм,	RIO A			County	
		00.011	4 3 153		D. F. (7) (7)						
II. DESIGNATION OF TRA  Name of Authorized Transporter of Oil		OF OH r Condensa		NATU		e address to w	hich approved	copy of this f	orm is to be se	eni)	
057			L	$\not\vdash$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,		•	
Name of Authorized Transporter of Ca	•	<u> </u>	or Dry G	as X	Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	ini)	
EL PASO NATURAL GAS C	,,,				<del> </del>	X 1492,			1978		
f well produces oil or liquids, ive location of tanks.	Unit   Se	ec.  1	Twp.	j Rge.	le gas actuali	y connected?	When	7			
this production is commingled with the	llllllllll	lease or po	ool. give	comminal	ing order num	ber:					
V. COMPLETION DATA	at trois any care.		, <b>g</b>								
Designate Type of Completion		Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to F	Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	4		
		Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod										
'erforations									Depth Casing Shoe		
TUBING, CASING AN					СЕМЕНТІ			r			
HOLE SIZE	CASIN	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					l			l			
. TEST DATA AND REQU											
IL WELL (Test must be after Date First New Oil Run To Tank	r recovery of total	volume of	load oil	and must		exceed top all thou pe			for full 24 hou	rs.)	
rate risk frew On Run 10 Tank	Date of Test				Trooteing in	rance (r non, p		,			
Length of Test Tubing Pressure					Casing Pressure			Choke Size			
AND THE RESERVE OF THE PARTY OF		Oil - Bbls.				Water - Bbis.					
Actual Prod. During Test	Oil - Bbls.								Gas- MCF		
OAC WELL					1			1			
GAS WELL Actual Prod. Test - MCF/D	Length of Tes	Length of Test				sale/MMCF		Gravity of C	Condensate		
1100. 100. 100.											
esting Method (pitot, back pr.)	ot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
								L			
VI. OPERATOR CERTIFI				JE	$\parallel$	OIL COM	ISERV	MOLTA	DIVISIO	M	
I hereby certify that the rules and rep Division have been complied with a					`		10LIIV	<b>111011</b>	DIVIOIC	<i>7</i> 14	
is true and complete to the best of tr			. =		Data	Annraia	d M	AY 08 1	aga		
1.11					Date	Approve	·	Λ	<del></del>		
J. J. Hampton					But Brief						
Signature	•	A day to	0		By_		SUPERVIS	SION DIS	TRICT #	3	
Printed Name	Sr. Staff	7	Title		Title		wii T & \			-	
Janaury 16, 1989		303-83			''''						
Date		Teleph	hone No.		H						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  4) Separate Form C-104 must be filed for each pool in multiply completed wells.